

09D0002-139

June 12, 2009

John Pavitt
Alaska Operations Office
222 West 7th Avenue, No. 19
Anchorage, AK 99513



Re: Asbestos and Lead Abatement of Facilities, Fort Richardson, AK
Building 602
Fort Richardson, Alaska
REVISED: Notification of Demolition & Renovation

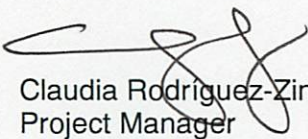
Dear Mr. Pavitt,

The attached Notification of Demolition & Renovation Forms has been completed for your review and approval for the above-referenced project. A signed original will be delivered to your office.

If you have any additional questions or concerns, please contact me at your earliest convenience.

Respectfully yours,

Coldfoot Environmental Services, Inc.



Claudia Rodriguez-Zinn
Project Manager







Attachment:

1. Building 602: Revised Notification of Demolition & Renovation Form, dated 6/12/09.

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

[illegible]

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE EMPLOYED, INCLUDING DEMOLITION OR RENOVATION TECHNIQUES TO BE USED AND DESCRIPTION OF AFFECTED FACILITY COMPONENTS: All work will be done under full containment negative pressure.								
XI.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO COMPLY WITH THE REQUIREMENTS, INCLUDING ASBESTOS REMOVAL AND WASTE HANDLING EMISSION CONTROL PROCEDURES: All work will be done under full containment negative pressure. Amended water will be used to prevent emissions. All required Personnel Protection Equipment (PPE) will be used at all times.								
XII.	WASTE TRANSPORTER #1: Name: COLDFOOT ENVIRONMENTAL SERVICES, INC Address: 6670 Wes Way <table style="width: 100%;"> <tr> <td style="width: 33%;">City: ANCHORAGE</td> <td style="width: 33%;">State: AK</td> <td style="width: 34%;">Zip: 99518-1575</td> </tr> <tr> <td colspan="2">Contact Person: CUAUHTEMOC RODRIGUEZ</td> <td>Tel: (907) 770-9936</td> </tr> </table>			City: ANCHORAGE	State: AK	Zip: 99518-1575	Contact Person: CUAUHTEMOC RODRIGUEZ		Tel: (907) 770-9936
City: ANCHORAGE	State: AK	Zip: 99518-1575							
Contact Person: CUAUHTEMOC RODRIGUEZ		Tel: (907) 770-9936							
XII.	WASTE TRANSPORTER #2: Name: Address: <table style="width: 100%;"> <tr> <td style="width: 33%;">City:</td> <td style="width: 33%;">State:</td> <td style="width: 34%;">Zip:</td> </tr> <tr> <td colspan="2">Contact Person:</td> <td>Tel:</td> </tr> </table>			City:	State:	Zip:	Contact Person:		Tel:
City:	State:	Zip:							
Contact Person:		Tel:							
XIII.	WASTE DISPOSAL SITE: Name: MUNICIPALITY OF ANCHORAGE - SOLID WASTE SERVICES Location: HILAND LANDFILL <table style="width: 100%;"> <tr> <td style="width: 33%;">City: ANCHORAGE</td> <td style="width: 33%;">State: AK</td> <td style="width: 34%;">Zip: 99519-6650</td> </tr> <tr> <td colspan="3">Tel: (907) 343-6262</td> </tr> </table>			City: ANCHORAGE	State: AK	Zip: 99519-6650	Tel: (907) 343-6262		
City: ANCHORAGE	State: AK	Zip: 99519-6650							
Tel: (907) 343-6262									
XIV.	EMERGENCY DEMOLITION (Complete item XIV only if this project is an Emergency Demolition.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Order to Begin: _____								
XV.	EMERGENCY RENOVATIONS (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: _____ 2. Description of the Sudden, Unexpected Event: _____ 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. _____								
XVI.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: All work will stop. Area will be fully contained. Contracting Officer will be notified. EPA and local notifications will be amended.								
XVII.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. <table style="width: 100%;"> <tr> <td style="width: 40%; text-align: center;">  Signature of Owner/Operator </td> <td style="width: 20%; text-align: center;"> 6/12/2009 Date </td> <td style="width: 40%; text-align: center;"> CLAUDIA RODRIGUEZ ZINN, PROJECT MANAGER Type or Print Name and Title </td> </tr> </table>			 Signature of Owner/Operator	6/12/2009 Date	CLAUDIA RODRIGUEZ ZINN, PROJECT MANAGER Type or Print Name and Title			
 Signature of Owner/Operator	6/12/2009 Date	CLAUDIA RODRIGUEZ ZINN, PROJECT MANAGER Type or Print Name and Title							
XVIII.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: <table style="width: 100%;"> <tr> <td style="width: 40%; text-align: center;">  Signature of Owner/Operator </td> <td style="width: 20%; text-align: center;"> 6/12/2009 Date </td> <td style="width: 40%; text-align: center;"> CLAUDIA RODRIGUEZ ZINN, PROJECT MANAGER Type or Print Name and Title </td> </tr> </table>			 Signature of Owner/Operator	6/12/2009 Date	CLAUDIA RODRIGUEZ ZINN, PROJECT MANAGER Type or Print Name and Title			
 Signature of Owner/Operator	6/12/2009 Date	CLAUDIA RODRIGUEZ ZINN, PROJECT MANAGER Type or Print Name and Title							